

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/830476</b> <small>APPLICANT(S)</small>	FILING DATE	
<b>5/17/05</b>							<b>CLAIMS</b>		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	2		2						
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TOTAL CLAIMS	24		28						
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TOTAL IND.									
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TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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